



2011 – 2012  
ARIZONA HIGHLY QUALIFIED ATTESTATION FORM  
**SPECIAL EDUCATION: Early Childhood (Birth to Age 5)**

Pursuant to requirements mandated by H.R. 1350, Sec. 602 – Individuals with Disabilities Education Improvement Act of 2004. To be completed by Early Childhood Special Education Teachers

Name:		SSN (last 4 digits):	
School:		District:	
Teacher Work Email:		School Start Date: (mm/yyyy)	

(Date teacher **first** began working at this school site)

Please check where applicable:

1. ☐ Holds a bachelor's degree

and

2. Check only one:

- a. ☐ Holds a valid Arizona Early Childhood Special Education Certificate (A.R.S. §15-502.B) – intern, provisional, reciprocal or standard; **OR**
- b. ☐ Holds a valid Arizona Special Education Certificate (A.R.S. §15-502.B) [CC, ED, LD, MR, OI/OHI, Severe/Profound] – provisional, reciprocal or standard **AND** the Early Childhood Endorsement

3. Teaching Assignment: Early Childhood Special Education

Periods taught in this core content area

*If you checked 1 and 2 (including 2a or 2b), under federal guidelines, you are considered **highly qualified** to teach in an early childhood special education setting.*

☐ **Highly Qualified Teacher**

☐ **Non-Highly Qualified Teacher**

I attest to the factual completion of this evaluation.

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Principal

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date